

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09-509863 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2		1		
3	1			
4		23		
5		23		
6		13		
7		1		
8	1			
9		1		
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TOTAL IND.	5			
TOTAL DEP.	110			
TOTAL CLAIMS	115			

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TOTAL CLAIMS			